

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	POLYMORPHS OF PYRROLE SUBSTITUTED 2-INDOLINONE PROTEIN KINASE INHIBITORS
Attorney Docket Number::	034536-1113
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	China
Status::	Full Capacity
Given Name::	Changquan
Family Name::	SUN
City of Residence::	Portage
Country of Residence::	Mi
Street of mailing address::	511 Equestrian Drive

City of mailing address:: Portage
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49002

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Todd P.
Family Name:: FOSTER
City of Residence:: Kalamazoo
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 6232 Far Hills Way
City of mailing address:: Kalamazoo
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Fusen
Family Name:: HAN
City of Residence:: Kalamazoo
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 6985 Oak Highland
City of mailing address:: Kalamazoo

State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: HAWLEY
City of Residence:: Kalamazoo
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 8414 Canary Lane
City of mailing address:: Kalamazoo
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 49009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tom
Family Name:: THAMANN
City of Residence:: Vicksburg
State or Province of Residence:: MI
Country of Residence:: US
Street of mailing address:: 5727 East "Y" Avenue
City of mailing address:: Vicksburg
State or Province of mailing address:: MI

Postal or Zip Code of mailing address:: 49097

Correspondence Information

Correspondence Customer Number:: 22428

E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer Number::	30543	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/448,863	02/24/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Pharmacia & Upjohn Company